

***Exhibit L***

MetLife  
700 Quaker Lane, PO Box 330, Warwick, RI 02887-0330

# File Copy

Name \_\_\_\_\_ Destroy Date \_\_\_\_\_  
Micro Date \_\_\_\_\_  
Refer Date \_\_\_\_\_

Branch Office 95L

Agency 818-1 (Judy Huang)

Re: Insured Bang Chao Lin  
Policy 204 126 416 ET

Inquiries on this recently issued policy are being made at this time. A necessary part of this process is to have the writing agent complete the report below. Please complete this form and return immediately to our office directing it to PERSONAL LIFE CLAIMS - Att: Shelby Lyons.

1. Please state circumstances surrounding the writing of application (canvassed for - number of times, asked for by applicant, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How long did you know the applicant?  
\_\_\_\_\_
3. Is there other Metropolitan Insurance inforce in the home?  
\_\_\_\_\_  
If so, how frequently did you call at the home?  
\_\_\_\_\_  
Did you usually see the Insured?  
\_\_\_\_\_
4. Are you related to the Insured? \_\_\_\_\_
5. Did you know of any illness, medical attention, or health impairment involving the insured or a dependent, if any, not admitted on the application, or have knowledge of any impairment at the time of the delivery of the policy?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Were there any policies on the applicant or dependent cash surrendered within six months prior to or six months subsequent to the writing of the application? If so, include policy number and whether premium paying or paid up.

---

---

---

---

7. Were all questions on application asked at the time of writing the application and all answers recorded as given by applicant?

---

---

---

---

8. REMARKS: added remarks may be written on reverse of this letter.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE - TITLE

If you have any questions, please contact me at 401-827-3019.

Sincerely,

*Shelby Lyons*

Shelby Lyons  
MetLife Claims Unit  
3881773

October 2, 2006

17800 Castleton Street, Suite 518  
City of Industry, CA 91748

MetLife®

10/19/06

To: Shelly Lyons. (Page 1)

Re: Bang C. Lin  
204 126 416 ET

Judy Y. Huang  
LUTCF  
Financial Services Executive  
CA Insurance Lic. # 0836741  
Registered Representative

(626) 854-8886 ext. 150  
(626) 854-8883 FAX  
(626) 890-1118 CELL  
jhuang5@metlife.com

Dear Shelly,

Here is the reply for this policy's Claim:

- 1). After an annual review with my client, we discovered additional needs for more life insurance. They decide to buy another 15 yrs Term policy from me and plans to convert into a permanent policy few year later.
- 2). I have know the client for 7 to 8 years.
- 3). There are three more MetLife's policies in the household.
- 4). I call or contact with this client three or four times a year.

I met the client at his office most of the time.

- 4). I am "NOT" related to the client.
- 5). Mr. Lin was a very healthy man. Even though when he was busy at work, he ~~was~~ always very happy and friendly when I visit him.
- 6). ~~Appx~~ Mr. Lin never had any other life policy beside MetLife's two policies.

Life insurance and annuities offered by Metropolitan Life Insurance Company, New York, NY 10166.  
Mutual funds offered by MetLife Securities, Inc., New York, NY 10166.

17800 Castleton Street, Suite 518  
City of Industry, CA 91748

**MetLife®**

Re: *Bang C. Lin (204126 416 E7)* (page 2)

7) *yes,*  
*All the questions on application asked*  
*at the time of writing the application*  
*and all answers recorded as given by*  
*applicant.*

8) *12/19/06*

*Judy Y. Huang*

Judy Y. Huang  
LWCF  
Financial Services Executive  
CA Insurance Lic. # 0B36741  
Registered Representative

(626) 854-8886 ext. 150  
(626) 854-8883 FAX  
(626) 890-1118 CELL  
jhuang5@metlife.com